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HEALTH QUALITY PARTNERS

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May 25, 2010

Commissioner David Morales

Division of Health Care Finance and Policy

2 Boylston St, 5th Floor

Boston, MA 02116

Dear Commissioner Morales,

On behalf of Massachusetts Health Quality Partners (MHQP), I appreciate the opportunity to comment on the proposed regulations 114.5 CMR 21.00: Health Care Claims Data Submission and 114.5 CMR 22.00: Health Care Claims Data Release that relate to establishment of an All Payer Claims Database (APCD) from member eligibility, claims and provider data to be submitted by health care payers. As you know, MHQP has worked with diverse health care stakeholders for 15 years to promote ongoing improvement in the quality of health care services in Massachusetts and supports DHCFP in its efforts to further this mission, either through establishment of an APCD or through other means.

As noted in our April 27, 2010 MHQP/DHCFP coordination memo and in our March 24, 2010 letter re: DHCFP's AHRQ proposal for creation of an APCD, we are committed to supporting and partnering with DHCFP to determine optimal data sources and data collection processes for measurement activities, generation of statewide quality measures and promotion of health care reform. We recognize that creation of an APCD provides one path toward meeting these goals. However, we would like to join others in suggesting that DHCFP explore whether a distributed data model could provide a less resource intensive option with fewer privacy challenges, as an equally acceptable means of pursuing these objectives during these challenging economic times. Like an APCD, a distributed data model could allow the comparison of the effectiveness of comprehensive care coordination programs, such as the patient-centered medical home and the resultant research and reporting database could support a similar broad agenda of statewide quality and cost reporting, comparative effectiveness research, and measure development. Though it would necessitate some up front data mapping by DHCFP and health plans to ensure that all required data elements for DHCFP's and other state government entities' reporting were included, a distributed data model could produce robust quality and cost measures for fewer resources compared to similar production from an APCD. In addition, this collaborative up front mapping process would allow DHCFP the opportunity to better understand the quality of currently available data elements and to identify which required data elements are not currently available and need to be collected by health plans. For these reasons, we respectfully suggest that DHCFP further consider the option of partnering with stakeholders to build a distributed data model to meet its objectives.

In closing, MHQP would like to reiterate that we are committed to supporting and partnering with DHCFP, whichever direction you choose to pursue in collecting the data necessary to fulfill our shared health care improvement goals. Thank you for providing us with the opportunity to comment on these proposed regulations.

Sincerely,

Barbra G. Rabson
Executive Director